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ABSTRACT

This conference paper discusses the results of a study on the effectiveness of Florida's multidisciplinary Family Service Planning Teams (FSPT). The FSPTs were developed to create holistic service plans to enable children with emotional disabilities to live in the community and be successful in school. The FSPTs have become the focus of service planning for children at risk for out-of-home or school placement in need of multiagency involvement, which brings together parents, social service agencies, and educational professionals. The study involved 14 regional Multiagency Networks for Students with Severe Emotional Disturbance (SEDNET) projects and investigated the utilization of services by the FSPTs, contributing factors of successful service planning, and one county's FSPT efforts to assess the overall satisfaction of the consumers they served. Results indicate that purchased services included: (1) recreational/leisure activities aimed at improving self-esteem and social skill development; (2) in-home services/in-home parent education and counseling/therapy; (3) respite care; (4) behavior specialists in school and home; (5) mentor/therapeutic friends; and (6) case management. Consistent family involvement was found to be important in the planning and implementation of service plans. Recommendations for program improvement are provided. (CR)

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Authors

Introduction Method Results Discussion References

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Introduction

In Florida, Case Review Committees (CRCs) were developed in the early 1980's to be the gatekeepers of residential placement for children with emotional disabilities. There were, however, over 400 children statewide on CRC waiting lists, and no identified planning mechanism to maintain those children in the community awaiting placement or to divert children from CRCs. The Family Service Planning Teams (FSPT) were initiated in 1987 by the Office of Alcohol, Drug Abuse and Mental Health, Department of Health and Rehabilitative Services (DHRS) to accomplish this purpose.

FSPTs were implemented not as a result of new funding, but from a commitment of DHRS and the Department of Education (DOE) to create interagency planning forums to develop holistic service plans to enable children to live in the community and be successful in school. The Multiagency Network for Students with Severe Emotional Disturbance (SEDNET) was established by the Florida Legislature in 1981 in recognition of the significant cost and lack of progress of students served outside the state in psychiatric residential treatment. SEDNET project managers, already functioning as regional network coordinators throughout Florida and funded by DOE, became the facilitators of this new planning effort. FSPTs have become the focus of service planning for children at risk of out-of-home or school placement in need of multiagency involvement, bringing together parents and social service and education professionals.

Since implementation of FSPTs, many of the children previously in out-of-state residential treatment have been able to return to Florida. Referrals to CRCs have decreased. Concurrent educational program development and multiagency cooperative systems of support have promoted educational reviews of clients of DHRS resulting in a 260%

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increase in student eligibility and in services provided through educational programs for students with severe emotional disturbance. Multiagency case management services have simultaneously increased, as have parent/professional partnerships, access to Medicaid, and private contributions to local systems of care.

In response to continuing needs for improving implementation, identifying training needs, and supplying additional data on this pre-residential intervention, a multidisciplinary planning team review was conducted.

Method

The multidisciplinary planning team review was conducted in three parts. Part One focused on the utilization of services by the FSPTs. SEDNET Project Managers were asked, "What services purchased by the FSPT(s) make the most difference in improving the lives of the children and families served?"

Part Two provided a status report of the children whose collaborative treatment plans were described in one of four Best Practices in Creative Service Delivery manuals (1989-1992). A total of forty-seven cases were selected. Project Managers were asked, "What was the major contributing factor of successful service planning?" and "What was the most valuable contribution of the system to this child?"

Part Three focused on a single county's FSPT efforts to assess the overall satisfaction of the consumers they served. This FSPT also conducted a needs survey to identify those services most frequently requested by parents/guardians. Twenty interviews with parents/guardians were conducted.

Results

Part One

Responses were received from 14 of 18 regional SEDNET projects, representing 50 of Florida's 67 counties (75%). Ranked in the order of making the most difference, purchased services included:

1. Recreational/leisure activities aimed at improving self-esteem & social skill development.

2. In-home services/in-home parent education and counseling/therapy.

3. Respite care

4. Behavior Specialist/Certified Behavior Analyst in school and home

5. Mentor/Therapeutic friends

5. Mentor/Therapeutic friends

6. Case Management

Part Two

Looking at Family Service Plan development process and outcome, SEDNET was able to provide the child's status and residential placement history for sixteen of the forty-seven children. (Children in the Best Practices manual were identified by numbers or initials only. Identifications relied on project manager's or case manager's memory of the child from brief, anecdotal case presentations.) Of these 16, 10 of the youth staffed at FSPT (63%) did not go on to the CRC, although three were placed in residential facilities. Four youths did go on to CRC; three were placed in residential facilities, and one remained at home with support services. Two of the sixteen youths reviewed had already been discharged from residential placement and went to CRC for review only.

In response to the question, "What was the major contributing factor of successful service planning?," findings of the reviews suggest that when the youth did not go on to CRC, there was a consistent individual involved in planning and implementation of service plans. Involvement was primarily with a family member, usually the mother. Other individuals included biological father, case manager, and teacher in an SED classroom. Consistent family involvement was also the common factor with the one child who went to CRC but was not subsequently placed out-of-home.

With the three youths who were placed in residential treatment through the CRC, family involvement was described as less consistent: (a) one child had family involvement in the early years but less involvement after placement; (b) one child with the mother involved, but her own addictions problematic to consistent treatment; and (c) the third child with parents who were divorced but involved and concerned. In the two cases where the youths were reviewed at the CRC, following discharge from residential placement, one family was involved in team planning from the beginning with regular communication with the case manager, while the other family became more involved and participatory as they began to see improvement. The three youths who did not go to CRC but were placed in residential treatment were youths in foster care with no direct family involvement.

When asked "What was the most valuable contribution of the system to this child?," the three most frequent responses were: (a) looking at the family as a unit, (b) keeping the child in the home with in-home services, and (c) multiagency planning meetings.

Part Three

The FSPT in Hernando County endeavored to assess the

The FSPT in Hernando County endeavored to assess the overall satisfaction of the consumers whom they served. These consumers were determined by the committee to be both the children of concern and their parents/guardians. However, only the parents/guardians were surveyed.

The FSPT Satisfaction Survey consisted of 29 statements based on a 5 point Likert-type scale to determine their satisfaction and attitudes toward the FSPT process and actual services provided.

- 74% felt included in the planning of services at the FSPT, wanted to come to the meeting, and be part of the process.
- 58-73% felt they were treated with respect and given the opportunity to speak.
- 64-85% felt that their beliefs, values, and points of view were used to plan services.
- 74-95% felt that FSPT provided good services for children/families.
- 74-95% felt that the goals of the Family Service Plan were explained adequately.
- 36% felt blamed for their child's problems.
- 43% strongly agreed, and 26% somewhat agreed that their children could be helped in the home.
- 63% did not feel intimidated by the process.
- 69% felt that the FSPT committee used the family's day-to-day life to plan for services.

Recommendations based on survey outcomes include: (a) hiring a Parent Liaison to help parents feel less intimidated with the FSPT process and be more of an integral member of the case plan; (b) developing strategies to overcome the transportation barrier and provide more in-home services whenever possible; (c) developing surveys for the children of concern so that their satisfaction can also be measured; and (d) including the children of concern in the FSPT process whenever possible.

The needs survey to determine what services were most frequently requested by parents/guardians consisted of twelve individual categories of services and was measured on a 0 - 2 scale.

- 70% felt the following services were very needed: Case management, recreational activities, one-to-one adult/child relationship (e.g., Big Brother/Big Sister).
- 50-65% felt the following services were very needed (ranked in order of importance): (1) Financial assistance; (2) counseling, family, individual and group; (3) social skills training; (4) evaluations; (5) vocational training/job coach; and (6) home-based services.
- 60% felt out-of-the-community residential services were not needed.
- 45% felt parent education was very needed.
- 45% felt parent education was somewhat needed.

Recommendations based on the results of the Needs Survey included: (a) developing a therapeutic mentorship program; (b) provision of financial support for a child psychiatrist so that medication management, therapy, case management, and non-clinical services can be obtained for Medicaid clients; (c) continued parent education in the community; (d) increased respite in the community for special needs and at-risk children; and (e) continued funding for specialized training/personnel for summer recreation programs.

Discussion

Multiagency case planning has allowed concerned individuals to request that significant partners in a child's life collaborate in the development and implementation of the best possible plan utilizing existing community resources, or with limited availability, new resources. The family-centered, customized approach to service, resource development and coordination on behalf of children who need services from multiple systems has been key to the success of regionally-initiated FSPTs. Multiagency case planning has also provided continuous needs assessment data to program planners for improving the local system of care. With resources at a premium, identifying and providing the services which make the most difference in efforts to assist youth with special needs is more important now than ever before.

The key services identified in this study reflect the concerns of this special population. For example, many students lack initiative, self-discipline, and continuous guidance/supervision, resulting in the need for external support systems to boost self-esteem, as well as to increase their ability to seek out constructive activities for personal growth. Similarly, the ability to provide essential respite care at the time of need has long been reported as a major contributor to parental ability to maintain children with intense needs within their homes. Traditional outpatient services often neglect the ability and potential of the caretaker in shaping behaviors and providing extended support. Counseling services made available to children and parents in their home setting may allow a more complete view of family and environmental dynamics, and contribute to more accessible and effective interventions. Additionally, the study shows that parents, teachers, and caretakers of children often lack the benefit of professionally trained experts in systemic approaches to behavior management. The services of specialists in behavior management, however, not only provide direct assistance with student and child-behaviors, but provide a source of instruction and technical assistance to teachers/caretakers. Also, the value of a significant other has been consistently documented in mental health and delinquency-related research; the use of mentors or therapeutic friends, in volunteer, paid, or Medicaid funded non-clinical in home service utilization is perceived as having made a difference in positive outcomes.

Finally, designating a service coordinator as needed is a key to success in assisting and monitoring the implementation of many multiagency plans.

New funds earmarked for student success and support are available through delinquency prevention opportunities, family preservation, family support, and other initiatives with similar missions. Managers of these funds and prospective providers are encouraged to maintain and/or develop responsive programs, new and creative services, and maximize opportunities for flexibility necessary for truly individualized services.

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